

**CHAPTER 75-09.1-03.1**  
**CLINICALLY MANAGED MEDIUM-INTENSITY RESIDENTIAL CARE -**  
**ADOLESCENT ASAM LEVEL III.5**

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**75-09.1-03.1-01. Definition.** As used in this chapter "clinically managed medium-intensity residential care" means a substance abuse treatment program that offers continuous observation, monitoring, and treatment by allied professional staff of individuals with significant psychological and social problems who are not sufficiently stable to benefit from outpatient treatment no matter how intensive. Such programs include therapeutic group homes, therapeutic communities, psychosocial model rehabilitation centers, or extended residential rehabilitation programs. A clinically managed medium-intensity residential care program should not treat a client who exhibits acute intoxication or withdrawal problems also known as ASAM dimension one; biomedical conditions and complications also known as ASAM dimension two; or emotional, behavioral or cognitive problems also known as ASAM dimension three unless in a dual diagnosis program also known as level III.5 that requires the availability of 24-hour medical or nursing interventions. Clinically managed medium-intensity residential care programs must provide relatively extended, subacute treatments that aim to effect fundamental personal change for the adolescent who has significant social and psychological problems and the goals and modalities of treatment focus not only on the adolescent's substance use but also a holistic view that takes into account the client's behavior, emotions, attitudes, values, learning, family, culture, lifestyle, and

overall health. A clinically managed medium-intensity residential care program is particularly suitable for treatment of entrenched patterns of maladaptive behavior, extremes of temperament, and development or cognitive abnormalities related to mental health symptoms or disorders.

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**General Authority:** NDCC 50-06-16, 50-31

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**75-09.1-03.1-02. Provider Criteria.** A clinically managed medium-intensity residential care program shall:

1. Offer on-site 24-hour a day clinical staffing by licensed counselors, other clinicians and other allied health professionals such as counselor aides;
2. Make available specialized professional consultation; and
3. Offer the residential program no less than seven days per week with the length of stay to be determined by a client's condition and functioning.

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**75-09.1-03.1-03. Program Criteria.** A clinically managed medium-intensity residential care program shall include:

1. Daily clinical services including a range of cognitive, behavioral, and other therapies in individual or group therapy and psychoeducation as deemed appropriate by an assessment and treatment plan;
2. Motivational enhancement and engagement strategies appropriate to a client's stage of readiness to change;
3. Counseling and clinical interventions to teach a client the skills needed for daily productive activity, prosocial behavior, and reintegration into family and community;
4. Random client drug screening to shape behavior and reinforce treatment gains as appropriate to a client's individual treatment plan;
5. A system for referral of a client for identified treatment needs if the service is not available in the program;
6. Family and caregiver treatment services as deemed appropriate by an assessment and treatment plan;
7. Educational, vocational, and informational programming adaptive to individual client needs; and

8. On-site staff provided or contracted on or off site accredited educational services if a client is in school; GED preparation if the client does not possess a high school diploma and is no longer in school; or short-term educational services linked to home school designed to maintain current learning.

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**75-09.1-03.1-04. Admission Criteria.** Before a clinically managed medium-intensity residential care program may admit a client, the client must:

1. Meet diagnostic criteria for a substance related disorder of the DSM; and
2. Meet admission criteria for a clinically managed medium-intensity residential services also known as ASAM level III.5 in each of the six ASAM dimensions. Specifically, the client:
  - a. Is at risk of or is experiencing subacute intoxication or withdrawal with mild to moderate symptoms and needs containment and increased treatment intensity without frequent access to medical or nursing services to support engagement in treatment, ability to tolerate withdrawal, and prevention of immediate continued use;

- b. Does not have a physical condition or complication impacting immediate safety and well-being, requiring 24-hour medical or nursing interventions but biomedical conditions distract from recovery efforts and require residential supervision or continued substance use would place the client at risk for serious damage to physical health because of a co-occurring biomedical condition and the resident is capable of self-administering any prescribed medications;
- c. Does not have an emotional, behavioral, or cognitive condition or complication impacting immediate safety or well-being requiring 24-hour medical or nursing interventions unless in a dual diagnosis program but does have problems in the areas of dangerousness or lethality; interference with addiction recovery efforts; social functioning; ability for self-care; or course of illness;
- d. Has a low readiness to change as evidenced by a lack of awareness of the need for treatment characterized by active or passive resistance to treatment; marked difficulty understanding the relationship between the substance use and life problems; the client requires a structured therapy and a 24-hour programmatic milieu to promote treatment progress and recovery; or the client

requires repeated, structured motivational interventions delivered in a 24-hour milieu;

- e. Has a readiness to change but issues in other dimension impair the ability to translate this into treatment progress and recovery;
- f. Has a high relapse, continued use, or continued problem potential as evidenced by the lack of recognition of relapse triggers or the lack of commitment to continuing care; the inability to control use of alcohol or other drugs or antisocial behavior with the attendant probability of harm to self or others; symptoms such as drug craving; difficulty postponing immediate gratification and other drug-seeking behaviors; or imminent danger of relapse with dangerous emotional, behavioral or cognitive consequences because of a crisis situation; or
- g. Has a chaotic home environment that makes recovery goals assessed as unachievable at a less intensive level of care as evidenced by a moderately high risk of physical, sexual or emotional abuse; substance use so endemic that the client is assessed as unable to achieve or maintain recovery; a social network of regular users of alcohol or other drugs; living with a family or other household member who is a regular user, abuser, or

dealer of alcohol or other drugs; neglect or lack of supervision; the inability to cope, even for limited periods of time, outside of 24-hour care; a living environment characterized by criminal behavior, victimization and other antisocial norms and values; or the need for staff monitoring before safe transfer to a less intensive setting.

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